2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # G64195 1. Entity Name MITCHELL CEASAR, P.A. Principal Place of Business Mailing Address 8181 W. BROWARD BLVD. 8181 W. BROWARD BLVD. PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc Suite, Apt. # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2399806 Not Applicab! Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CEASAR, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 8181 W BROWARD BLVD #201 PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May € 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE ☐ Delete nn€ Change 000000293208 NAME CEASAR, MITCHELL NAME 04/08/05-80019-023 150.00 8181 W. BROWARD BLVD. 201 STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Change Admiii TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CHY-SI-ZIP Addition Hitt Delete THLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TIT1 F ☐ Delete Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-Si-ZIP TITLE Delete 3(1) 5 ☐ Change ☐ Additio NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**